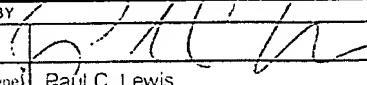


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).</i>		Complete if Known		
Fee TRANSMITTAL For FY 2009		Application Number	10/717,510-Conf. #8400	
		Filing Date	November 21, 2003	
		First Named Inventor	Gerardus J.E.L. VAN DER	
		Examiner Name	L. E. Wills	
		Art Unit	2625	
TOTAL AMOUNT OF PAYMENT	(\$)	130.00	Attorney Docket No.	0142-0441P

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES	SEARCH FEES		EXAMINATION FEES			Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Each independent claim over 3 (including Reissues)								
Multiple dependent claims								
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				
9	- 20 or HP	0	x	=	Fee (\$)			
HP = highest number of total claims paid for, if greater than 20								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)				
2	- 3 or HP	0	x	=	Fee (\$)			
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____				Fees Paid (\$)				
4. OTHER FEE(S)								
Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> <u>130.00</u>								

SUBMITTED BY		Signature 		Registration No (Attorney/Agent) <u>43,368</u>	Telephone <u>(703) 205-8000</u>
Name (Print/Type) <u>Paul C. Lewis</u>		Date <u>January 26, 2009</u>			